

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

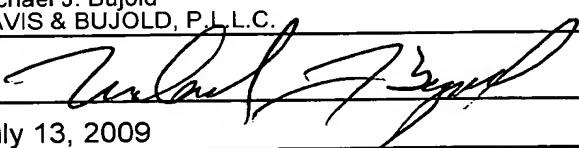
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|--|------------------------|---|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/586,518 |
| | Confirmation Number | |
| | Filing Date | with an effective filing date of February 2, 2005 |
| | First Named Inventor | Mario STEINBORN, Rainer PETZOLD and Martin MILLER |
| | Group Art Unit | 3753 |
| | Examiner Name | Craig J. PRICE Fax: (571) 273-8300 |
| Total No. of Pages in this Submission: 17 | Attorney Docket Number | ZAHFRI P874US |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> (in Duplicate) | <input type="checkbox"/> Assignment papers <input checked="" type="checkbox"/> (for an Application) | <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Fee attached - Check \$ <input type="checkbox"/> | <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... [1] <input checked="" type="checkbox"/> Replacement Sheet(s) ... [1] | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Response [14] | <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> |
| <input type="checkbox"/> After Final <input type="checkbox"/> | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) | <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> | <input type="checkbox"/> To Convert a Provisional Petition ... <input checked="" type="checkbox"/> | <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> (in Duplicate) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address .. <input checked="" type="checkbox"/> | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> | <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Information Disclosure Stmt <input checked="" type="checkbox"/> | <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> | <input type="checkbox"/> Request for Refund <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> | | |

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|--|---------------------|
| Firm or Individual Name | Michael J. Bujold DAVIS & BUJOLD, P.L.L.C. | Reg. No. 32,018 |
| | | CUSTOMER NO. 020210 |
| Signature |  | |
| Date | July 13, 2009 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 13, 2009.

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|-----------|--|---------------------------|
| Signature |  | Date: July 13, 2009 (amp) |
|-----------|--|---------------------------|